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FEE TRANSMITTAL		<i>Complete if Known</i>	
		Application Number	09/316,199-Conf. #7506
		Filing Date	May 21, 1999
		First Named Inventor	Michael J. McCluskie
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	I. Popa
		Art Unit	1633
TOTAL AMOUNT OF PAYMENT	(\$) 150.00	Attorney Docket No. C1040.70006US00	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number 23/2825		Deposit Account Name Wolf, Greenfield & Sacks, P.C.	

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	380	190	620	310	250	125
Design	250	125	120	60	160	80
Plant	250	125	380	190	200	100
Reissue	380	190	620	310	750	375
Provisional	250	125	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	60	30
Each independent claim over 3 (including Reissues)	250	125
Multiple dependent claims	450	225

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Small Entity Fee (\$)	Fee (\$)	Fee Paid (\$)
	- or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20.							

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
	- or HP =	x	=		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 = (round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

150.00

SUBMITTED BY

Signature	/Maria A. Trevisan/	Registration No (Attorney/Agent)	48,207	Telephone	617.646.8000
Name (Print/Type)	Maria A. Trevisan	Date	December 21, 2011		

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).

Dated: December 21, 2011

Electronic Signature for Nicole Millette Lapomardo: /Nicole Millette Lapomardo/